



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

January 2, 2008

Dallas Clinger, Administrator  
Harms Memorial Hospital  
P.O. Box 420  
American Falls, ID 83211

RE: Harms Memorial Hospital, provider #131304

Dear Mr. Clinger:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Harms Memorial Hospital, on December 18, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of

Dallas Clinger, Administrator  
January 2, 2008  
Page 2 of 2

being notified of the deficiencies. Please keep this in mind when preparing your plan of correction.

6. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **January 15, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Taylor Barkley", written in a cursive style.

TAYLOR BARKLEY  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

TB/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/28/2007  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2007</b>
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NAME OF PROVIDER OR SUPPLIER <b>HARMS MEMORIAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>510 ROOSEVELT STREET AMERICAN FALLS, ID 83211</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and/or, 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and

K 000

RECEIVED

FEB 01 2008

FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

CEO/ADMINISTRATOR 28 JAN 08

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 lighting are provided by a diesel powered automatic on-site automatic generator.  The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on December 18, 2007. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR, 485.623  The Survey was conducted by:  Taylor Barkley, Health Facility Surveyor Fire/Life Safety	K 000			
K 018	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			

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K 018	Continued From page 2  This Standard is not met as evidenced by: Based on observations during the facility tour it was determined that the facility failed to ensure that there was no impediment to the closing of corridor doors and that they are provided a means suitable for keeping the doors closed. The following conditions during a fire would accelerate the spread of smoke and fire gasses into the egress corridor, and can accelerate fire growth by lessening the ability for fire containment  The findings included:  1. During the tour of the facility on December 18, 2007 at 9:50 AM, observation of the door to the linen room revealed that the door was being prevented from being able to close by a stack of chairs and walkers piled up in the doorway. This was observed by the surveyor and the maintenance supervisor.  2. During the tour of the facility on December 18, 2007 at 9:53 AM, observation of the door to the sterilizer room revealed that the door did not have any latching hardware installed, and there was no other means provided to keep the door closed. This was observed by the surveyor and the maintenance supervisor.	K 018	1. The Maintenance Staff will organize the room and remove all unnecessary equipment or supplies. After the room has been reorganized, the Acute Care Staff will ensure that the door is kept clear and free of obstacles or anything else that prevents the door from closing.  2. The door will have a door knob with key and positive latching mechanism installed.	1/29/08  1/29/08	
K 046	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046			

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FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet Page 5 of 6

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Bureau of Facility Standards

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B 000	<p>16.03.14 Initial Comments</p> <p>The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath &amp; plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered automatic on site automatic generator.</p>	B 000			

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B 000	Continued From Page 1  The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on December 18, 2007. The facility was surveyed under the LIFE SAFETY CODE, 1985 Edition, Existing Health Care Occupancy, in accordance with IDAPA 16.03.14.  The Survey was conducted by:  Taylor Barkley Health Facility Surveyor Fire/Life Safety and Construction	B 000		
BB161	16.03.14.510 Fire and Life Safety Standards  Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following Federal tags on CMS 2567:  1. K018 Corridor doors, impediment to closing and latching.  2. K046 Emergency lighting for generator room.  3. K155 Fire Watch policy	BB161	Refer to K018 on the Federal CMS 2567 form for the plan of correction.  Refer to K046 on the Federal CMS 2567 form for the plan of correction.  Refer to K155 on the Federal CMS 2567 form for the plan of correction.  Refer to K147 on the Federal CMS 2567 form for the plan of correction	

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BB161	Continued From Page 2  4. K147 Electrical wiring in accordance with NFPA 70.	BB161	Refer to K018 on the Federal CMS 2567 form for the plan of correction.  Refer to K046 on the Federal CMS 2567 form for the plan of correction.  Refer to K155 on the Federal CMS 2567 form for the plan of correction.  Refer to K147 on the Federal CMS 2567 form for the plan of correction	